

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	INQ.	OEP.	INQ.	OEP.	INQ.	OEP.
1	1					
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TOTAL INQ.	3					
TOTAL OEP.	17					
TOTAL	20					

INQ.	OEP.	INQ.	OEP.	INQ.	OEP.
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TOTAL INQ.	..				
TOTAL OEP.	..				
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